	Substitute for Form PTO-875									Application or Oocket Number		
		CLAIMS AS FILED - PART I  (Column 1) (Column 2) SMALL ENTITY								OR OTHER THAN SMALL ENTITY		
-	BASIC FEE		HUMBER	FILED	N- HUMBER EXTRA	╝.	RATE	FEG	7	RATE	T :	
	(3) CFR 1.16(a)) TOTAL CLAIMS		<u> </u>			- [		7	٦	·	AAA	
	(3) CFR 1.16(c)	1000	21 minus 20 : .		. /		X 1_ =		OP.		110	
	(31 CFR 1.16(b))				2	7	2.1	<b></b>	→ OR	1 2 3	18	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CEN 1 MM)							<del> </del>	_ OR	<u>^1</u>	177	
	" If the difference in column 1 is less than acro, onter "0" in column 7							<del> </del>	4 "	·		
•		CLAIMS AS AMEHDED - PARTII					JATOT	L	Or	JATOT	960	
	4 2 1 1	(Column	5	(Colui		ار اد	SMALL ENTITY		OR	OTHER SMALL E		
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	Total (STECHAL STREET)	AMEHOME	10	PAW F	OR	_   .	· ·	TIDINAL FEE	1		AUDI. TIONAY	
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1	1124106	128/06 (Column 1) (Column 2) (Column 2)					notice [			014t .00 t FEC	5	
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1-	FIRST PRESCRIATION OF MULTIPLE CONCENDENT COMA (IN CERT FICIAL)								or i	/		
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	T	(Column 1)	·	(Column 2	(Column )			$T^{-}$		· · · · / <del>· ·</del>		
υ  -		CLAIMS		HIGHEST	PRESENT		1416			<del>-/</del>		
ũ		AFTER MENDMENT	1	PREVIOUSL PAID FOR	Y EXTRA	1		DOI.	1 '		ADDI: IONAL	
8	C) CER LINGS		tanus	••	-		7	r€€			FEG	
<b>AMENDMENT</b>	Dr CFR 1,15(b))		Minus		1	2.1	<del></del>		OB <u>Υ</u>			
3	FIRST PRESCRIPTION OF MULTIPLE DEPENDENT CLAIM (37 CFD 1,14(8))								OF T		.	
						101/			101	<del></del>		
	If the entry in column 1 is less than the entry in column 2 write "O' in redunin 3											
	If the Highest Number Previously Paid For IN 1185 SPACE is less than 20, enter 79  The Highest Number Previously Paid For IN 1185 SPACE is tess than 2, enter 79  The Highest Number Previously Paid For IC I total or Independently the Independently to the Independently the Independently than 10 or I total or I total or Independently than 10 or I total											
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